	ON FINANCE REPO MITTEES OF WISC		SA567897077	141516777878 1415167787878
Is This Report an Amendment:	No		07.0	A THE CONTRACTOR
Instructions for completing schedules are on the ba	ack of each schedule.		7 8	14 2016 2223 24 14 2016
COMMITTEE IDENTIFICATION			200	JAM Med July Coll A
Street Address	y District 23	3	15%	FICE USE ONLY
2883 Hillerest Ct			OI:	PROE USE ON LI
City, State and Zip Code Green Bay, WI 54313			20	
Please check if address is different than previously reported, a	and complete the Campaign I	Registration S	tatement in t	he back of this form.
NAME OF REPORT		***************************************		
☑ January Continuing 2016 ☐ Pre-Primary	Spring Fall	I Spe	ecial .	
☐ July Continuing ☐ Pre-Election	☐ Spring ☐ Fal	l Spe	ecial	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colum Caler		
1. RECEIPTS	3.	Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 1,420.00	\$ 1,420	0.00	
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$		**
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1,420.00	\$ 1,42	0.00	
2. DISBURSEMENTS	,			
2A. Gross Expenditures	\$ 953.00	\$ 953	,00	
2B. Contributions to Committees (Transfers-Out)	\$	\$, and the second
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 953.00	\$ 953	100	
CASH SUMMARY				127
Cash Balance Beginning of Report	s O			
Total Receipts	\$ 1420.00		e **	e
Subtotal	\$ 1420.00			
Total Disbursements	\$ 953,00	7		* *
CASH BALANCE END OF REPORT	\$ 467.00			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			ti ti
LOANS (Balance at the Close of This Period-3B)	\$			
I certify that I have examined this report and to the best o	f my knowledge and belief	it is true, cor	rect and co	mplete.
Type or Print Name of Candidate or Treasurer Sign	ature of Candidate or Treasurer		Date: 11	11/14
Jamie Blans	Januel Hon		Daytima D	hone: 920-165-1272

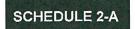
NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk. GAB-2L (Rev. 12/09)

RECEIPTS Contributions (Including Loans) From Individuals

Page _ / _ of _ /

Complete Comr		, ,		
Jamte	Blom for Detrict 7	<u> </u>		
Instructions fo	r completing schedules are on the back of ea Full Name, Malling Address and Zip Code	nch schedule.		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/4/15	Jamie Blom	Of Employment (ii year-to-date total exceeds \$100)	11/02	
	Jami'e Blom 2883 Hillevest Ct		1,420	\$1,420.00
	Green Bay, WI SH313			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Dale	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
, ,		,		
				•
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1	·	Of Employment (if year-to-date total exceeds \$100)	.]	real-to-bate rotal
			1	
			1	
	Check if: Cln-Kind CLoan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1 1				
j				
		·		
	<u> </u>			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		0.1
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1		of Employment (ii your to date total excesses wron)		
			ļ	
			1	
	Check if: In-Kind I Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
, ,		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
' '				
		·		
	, pana, pan			
D-4-	Check if: In-Kind Loan Conduit	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 1				
	·			
	Check if: [] In-Kind [] Loan Conduit	Conduit Name:		·
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
, ,		Of Employment (if year-to-date total exceeds \$100)]	(Gal-IO-Date Total
, .				
	Checkit Fin Kind Files Figure 1	Conduit Name:	1	
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	COMMIT NAME.		
	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1,420.00	
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
			- 11/20 00	,
	TOTAL COI	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1,420.00	_



DISBURSEMENTS Gross Expenditures

Page <u>/</u> of <u>/</u>

Complete Committee Na	me		
Jamie	Blom		
Instructions for comple	eting schedules are on th	ne back of each schedule.	

Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
9 123/15	Of Person or Business to Whom Payment is Made		\$50.00
(, , , , ,	GAB - Washington Are		
	212 E. Washington Ave Madison, WI 53707 Check if I In-Kind Offset 53707		9.
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
12 13/115	Of Person or Business to Whom Payment is Made	70 80 000	8
10 101 1/3	Heyrman Printing 2083 Hilmgren Way 1083 Green Bay, WI 54304		903.00
	2083 Holmgren Wary		, 00
	Check if: In-Kind Offset		
Date	Check if: C In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
1 1		*	
			4
	5. 1 W G (W) 5 W (19
Date	Check if:	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made	Specific Full pose of Experience	7 1110 4111
1 1			
	Check if: In-Kind Offset	Constitution of Francois up	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Allount
1 1			
		*	
	N N		
	Check if: 🔲 In-Kind Offset		
Date .	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Of Person of Business to Whom Paymont is Made		
	* *		
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
			V2 [8
	* *		
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
	130		
	u u	2	,
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made	* *	
, ,			
	Ti.		
	Check if: In-Kind Offset		
	I will be the state of the stat		1
			\$9.52.00
	SUBTOTAL IT	EMIZED EXPENDITURES THIS PAGE	\$ 105
	e	**	
1		TOTAL ITEMIZED EXPENDITURES	\$
	PARA 1 1111100	MIZED EVDENDITUDES 600 OD I ESS	\$
	TOTAL UNITE	MIZED EXPENDITURES \$20 OR LESS	40
			\$ 953.00
	1 1	TOTAL EXPENDITURES	S

Campaign Finance Report Short Form GAB-2a Government Accountability Board	GAB ID Num	ber	
ρ Spring ρ Fall ρ Special Pre-Primary	ho Continuing Re	port due Jan. 31, <u>20/</u>	
ρ Spring ρ Fall ρ Special Pre-Election	ho Continuing Re	port due July 20,	
Name of Candidate of Committee (in full) 3266 Wast Point Rd. Address (number and street) City, State, Zip	n Comi	ty Board Say	pervisor
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	eriod covered by t	his report and that the cash	
Signature of Committee Treasurer or Candidate	Date 1- 22-16	Daytime Phone 920 497-3052	
GAB-2a (Rev. 11/03) (Reformatted 11/03) 2/2K 9/99)			

End of Report



	5010
Campaign Finance Report Short Form EB-2a State Elections Board Brown County	20507-150EQL
Spring Fall Special Pre-Primary Continuing Report due Jan. 372016 Spring Fall Special Pre-Election Continuing Report due July 20,	E651-180E60
Elsenheim for a Belter Green Bry Name of Candidate or Committee (in full) 843 Donsman St. Address (number and street) Green Bry, WI 54303 City, State, Zip	
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats	
Signature of Committee Treasurer or Candidate Date Daytime Phone 1/15 2015 (920) 430 8 3	38
	38

End of Report

SHORT FORM – Use For "No Activity" Reporting Period

LOCAL COMMITTEES OF WISCONSIN Is This Report an Amendment:
COMMITTEE IDENTIFICATION Name of Corunities Flean's Street Address 328 David Sn.ir City, State and Zip Code Green Bay, W. 54303 - 3307 Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT January Continuing 2016 Pre-Primary Spring Fall Special Termination Report also complete Schedule 4 SUMMARY OF RECEIPTS AND Column A Column B Calendar
COMMITTEE IDENTIFICATION Name of Corunities Flean's Street Address 328 David Sn.ir City, State and Zip Code Green Bay, W. 54303 - 3307 Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT January Continuing 2016 Pre-Primary Spring Fall Special Termination Report also complete Schedule 4 SUMMARY OF RECEIPTS AND Column A Column B Calendar
Street Address 328 David Sn. ir City, State and Zip Code Green Bay, W' 54303 - 3307 Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT January Continuing 2016 Pre-Primary Spring Fall Special Termination Report also complete Schedule 4 SUMMARY OF RECEIPTS AND Column A Column B Calendar
Street Address 328 David Sn. ir City, State and Zip Code Green Bay, W' 54303 - 3307 Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT January Continuing 2016 Pre-Primary Spring Fall Special Termination Report also complete Schedule 4 SUMMARY OF RECEIPTS AND Column A Column B Calendar
Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT January Continuing 2016
Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT January Continuing 2016
Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT January Continuing 2016
NAME OF REPORT ☐ January Continuing 2016 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special ☐ Termination Report also complete Schedule 4 SUMMARY OF RECEIPTS AND ☐ Column A ☐ Column B ☐ Calendar
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special ☐ Termination Report also complete Schedule 4 SUMMARY OF RECEIPTS AND ☐ Column A ☐ Column B ☐ Calendar ☐ Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS Column A This Period Calendar
DISBURSEMENTS This Period Calendar
DISBURSEMENTS This Period Calendar
1 DECEIPTS Year-To-Date
I. RECEII IS
1A. Contributions (Including Loans) from Individuals \$ -0- \$ 2, 250.00
1B. Contributions from Committees (Transfers-In) \$ - \(\sigma\) - \(\sigma\)
1C. Other Income and Commercial Loans \$ -e- \$ -e-
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) \$ \$ 7, 250.00
2. DISBURSEMENTS
2A. Gross Expenditures \$ 18.00 \$ 781.27
2B. Contributions to Committees (Transfers-Out) \$ \$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B) \$ 18.00 \$ 781. 27
CASH SUMMARY
Cash Balance Beginning of Report \$ 1, 623.06
Total Receipts \$ - \sigma -
Subtotal \$ 1,623.00
Total Disbursements \$ 18.00
CASH BALANCE END OF REPORT \$ 1,605.06
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) \$
LOANS (Balance at the Close of This Period-3B) \$ 7, 100.00
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Candidate or Treasurer Signature of Candidate or Treasurer Date: 1-14-16

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

DISBURSEMENTS Gross Expenditures

Page _2 of _2

Complete Committee Name	
Friend's of Patrick Evan's	
Instructions for completing schedules are on the back of each	h schedule.

	and the second s		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
711115	Edward Jours		_
To	3313 parkerland DI. Dury	7-1 account Fees	18.00
12-1-15	Depene, wi 54115		
	Check if:		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 /	Of Person of Business to valont Payment is Made		
	Check if: 🔲 In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
. ' '			
·			:
	Check if: 🔲 In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
, ,			
		,	
	on a will be well owner.		
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
20.0	Of Person or Business to Whom Payment is Made	operator dipode of Exportantia	7 11(10-4)/12
/ /	·		
	_		
D-1-	Check if: C In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made	Specific Purpose of Expericulare	Villagir
1 1	•••••••••••••••••••••••••••••••••••••••		
	·		
	Check if:		······································
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	or received backlood to trillout agricultural		
			`
	Check if: 🖂 In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Of Person of Business to whom Payment is Made		
		ĺ	
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made	•	i
' '			
	Check if: In-Kind Offset		
	_	MARANA IPPERIENT CONTRACTOR OF THE PARTY OF	. 10
	·	SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 18.00
		•	
		TOTAL ITEMIZED EXPENDITURES	\$ 18.00
En	d of Report		
land 1	a or report	OTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 18.00
		OTUP ON LEMBERD EVERUDI LOVES AFA OV FESS	

rotal expenditures \$ 18.00

Page 2 of 2

NOVE SALVANDE PROCESSOR	ON FINANCE REPORT	ORT CONSIN 3456	1891077 200 151617 2016 Sandra L. Juno Sandra L. Juno Sandra L. Juno Sandra County Cliente
Is This Report an Amendment: Yes	Ŋ No	12	A SELLED
Instructions for completing schedules are on the ba		(F)	2016
COMMITTEE IDENTIFICATION		93031	JAN 2019
Name of Committee FRIENDS OF JOHN GOSSA	68	13	Blown comes
2430 RAST GIVER TRACK		Ol	FEICE USE ONLY
City, State and Pip Code CARGEN BAY WI 54311			
Please check if address is different than previously reported, a	and complete the Campaign	Registration Statement in	the back of this form.
NAME OF REPORT			
January Continuing 3014 Pre-Primary	Spring Fal	l Special	Termination Report
July Continuing Pre-Election	Spring Fal	II Special	also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Column B	
DISBURSEMENTS	This Period	Calendar	
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$	\$	
1B. Contributions from Committees (Transfers-In)	\$100.00	\$	
1C. Other Income and Commercial Loans	\$	\$	p.
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$100.00	\$	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 0	\$	
2B. Contributions to Committees (Transfers-Out)	\$ 8	\$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$.0	\$	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 25 '00	×	
Total Receipts	\$100-00		
Subtotal	\$ 125.00		
Total Disbursements	\$ 8		
CASH BALANCE END OF REPORT	\$ 125.00		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ &		
LOANS (Balance at the Close of This Period-3B)	\$ B		
I certify that I have examined this report and to the best-o	f my knowledge and belief	it is true correct and con	mplete.
	ature of Candidate or Freasurer	Date:	1/07/16
JOHN R. GOSSAGE /	With 13 X	Daytime P	hone: (920) 448-4222

NOTE: The information on this form is required by ss.11.06 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09)

RECEIPTS Contributions from Committees (Transfers-In)

	1		1
Page		οf	

Complete Committee Name FATENDS . OF	JOHN GOSSAGE	
-----------------------------------------	--------------	--

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
07/02/15	Full Name of Committee, Mailing Address and Zip Code CORRECT CARR PAC 1283 MURFRESSORO Rd Suite 500 Check if: In-Kind R Loan Full Name of Committee, Mailing Address and Zip Code	4,00	Year-To-Date Total
בויאטיזע	1202 MUDERIGIERO RA SHITE 500	# 100	100
	120 MAT WILLIAM TO 2-10-17	1. 100	14 1/11/1 = 1
	Check if: 口 In-Kind 匠 Loan 1 5 1 4		700
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
\times			Year-To-Date Total
, Z,			
	Check if: [In-Kind		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date Total
, ,			
	Check if: 1n-Kind C Loan		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date Total
. ,			
	Check if: In-Kind an		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date Total
, ,			
	Check if: In-Kind I Loan		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
, ,			Year-To-Date Total
, ,			
	Check if: In-Kind Loan		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			Tour To baile (Star
	Check if:		0-1
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
	Check if:		Calendar
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Year-To-Date Total
1 1			
		`	
Date	Check if:	Amount	Calendar
Date	rus statue of Continues, washing Address and Zip Gode	VIIIOGIII	Year-To Date Total
1 1			
			\
	Check if: In-Kind Loan		
		1	
	RIBUTIONS (Transfers-in) THIS PAGE	s / ///	
	The first framework in the first	100	-
Fn	d of Report	100.00	
	rs-in) RECEIVED FROM COMMITTEES	s 100 · 00 s 100 · 00	2 2
			Page 2 of 2
			149

	ON FINANCE REPO MITTEES OF WISC		18910	11121314151613	
Is This Report an Amendment:	3456	AECE TO			
Instructions for completing schedules are on the ba	234	JAN 2016 2016			
COMMITTEE IDENTIFICATION			Brown	16 27	
Name of Committee Friends of Staush Grust Street Address 1715 Deckner Ave.	FICE REPONLY				
City, State and Zip Code Green Bay, WI 54302					
Please check if address is different than priviously reported, a	and complete the Campaign l	Registration St	tatement in t	he back of this form.	
NAME OF REPORT					
January Continuing 14 Pre-Primary	Spring Fall	☐ Spe	ecial		
☐ July Continuing Pre-Election	Spring Fal	l Spe	ecial	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colun	nn B		
DISBURSEMENTS	This Period	Caler	ndar		
1. RECEIPTS		Year-To	o-Date		
1A. Contributions (Including Loans) from Individuals	\$ 270.00	\$ 513	5.00		
1B. Contributions from Committees (Transfers-In)	\$ —	\$ -	•		
1C. Other Income and Commercial Loans	\$	\$ _	, , , , , , , , , , , , , , , , , , , ,		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 270.00	\$ 515	00		
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ 138,65	\$ 148	,47	2	
2B. Contributions to Committees (Transfers-Out)	\$	\$	_		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 138.65	\$ 148	,47		
CASH SUMMARY					
Cash Balance Beginning of Report	\$ 1076,98				
Total Receipts	\$ 270.00				
Subtotal	\$ 1346.98				
Total Disbursements	\$ 138,65				
CASH BALANCE END OF REPORT	\$ 1208,33				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$				
LOANS (Balance at the Close of This Period-3B)	\$				

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: / -/4-/4
Staush Grustynow	Stout of Justipoles	Daytime Phone: 920, 216, 3793

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

RECEIPTS Contributions (Including Loans) From Individuals

Complete Comr	nittee Name	,	N VA	N MAN 3
Friend		Justa	P. Sanz	3016
Instructions fo	r completing schedules are on the back of ea Full Name, Mailing Address and Zip Code	ash schedule.	100000	N
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
8 /31 /15	Jered Volge Harry		1650	380
	Jered Volgeltanz 507 W. Wison Madison WI 53703		10000	300
	Madison WI 53703		620.	
	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		.00000
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Calendar
12,30,15	Lynde Kilcin	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	122 11 A. h. Cl	Self-Employed	00	\$250.00
	Milwautree, wit 33202	MIZZN. ADOT St. Milwenkee, WI 53202	\$250.00	que co
	Milwautree, ut 53202	Milwenkee, WI 53202	apeso.	
	Chack if: Tala Kind Tal acat Conduit	Conduit Name: Wisconsin Prayees 09 0003		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
	· ·	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
/ /				
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1				
	e	4		
	_			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	Check if: ☐ In-Kind ☐ Loan☐ Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
, ,	•	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1 1				
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
Date	ruii Name, Mailing Address and Zip Code	Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 1				
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	Check if: 🔲 In-Kind 🔲 Loan 🗎 Conduit	Conduit Name:		
	Check II. LEITH-MIND LEI LOANE CONDUIT	O STIGHT THE THE THE THE THE THE THE THE THE T	10000	
	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	s C10.00	
		TOTAL ITEMPED 2001-101-101-101-101-101-101-101-101-101	07 20 co	
		TOTAL ITEMIZED CONTRIBUTIONS	1210	
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
			s 270,00	Pg. 20 f3
	TOTAL COL	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	0 00.	

DISBURSEMENTS Gross Expenditures

					(m
Complete Comm	ittee Name	Znist.			2 JAN
Friend	15 of Staush Grus	U WOST			100,
	completing schedules are on the back	of each schedule.			15 00 6
12,8,15	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment i Denice ratic Party of W ISN Pinckney St. #Z Madison ws 5370	is Made	Specific Purpose of E Voter File		250 28 25 25 25 25 25 25 25 25 25 25 25 25 25
	Check it: In-Kind Offset	, >			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment i	is Made	Specific Purpose of E	xpenditure	Amount
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code		Specific Purpose of E	Evnenditure	Amount
/ /	Of Person or Business to Whom Payment i	is Made	Specific Full pose of E	Apendicure	Allouit
Date	Check if:		Specific Purpose of E	Expenditure	Amount
1 1	Of Person or Business to Whom Payment i	is Made			
	Check if: In-Kind Offset				
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment i	is Made	Specific Purpose of E	xpenditure	Amount
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	is Mada	Specific Purpose of E	Expenditure	Amount
1 1	Of Person or Business to Whom Payment i	is made			
Date	Check if:		Specific Purpose of E	Expenditure	Amount
1 1	Of Person or Business to Whom Payment i	is Made			
	Check if:				
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment i	is Made	Specific Purpose of E	expenditure	Amount
	Check if: 🔲 In-Kind Offset				
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment i	is Made	Specific Purpose of E	Expenditure	Amount
	Check if:				V 2000
		SUBTOTAL ITE	MIZED EXPENDITURE	S THIS PAGE	\$ 138.65 \$ 138.65
				7	170 65
			TOTAL ITEMIZED EX	PENDITURES	\$ 170.
.	of Report***	TOTAL UNITEM	TOTAL ITEMIZED EX		\$ 170.65

				9910111213742
	ON FINANCE REPO MITTEES OF WISC		123456	RECEIVED JAN 2016
Is This Report an Amendment:	No No		12	JAN 2016 3
Instructions for completing schedules are on the ba	ack of each schedule.		1 1	Can I
COMMITTEE IDENTIFICATION			600	Brown County Clerk
Name of Committee Friends of Sandy Juno Street Address			/0	Sandra L. Juno Brown County Clerk
616 Dauphon St. City, State and Zip Code			OF	FICE USE ONLY
Green Bay W1 54301	/			
Please check if address is different than previously reported, a	and complete the Campaign	Registration St	tatement in t	he back of this form.
NAME OF REPORT				
January Continuing 3016 Pre-Primary	Spring Fall	l Spe	ecial	
July Continuing Pre-Election	Spring Fal	l Spe	cial	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colum Calen		
1. RECEIPTS	This Teriod	Year-To	The second secon	
1A. Contributions (Including Loans) from Individuals	\$ 5369.15	\$		
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 673,15	\$		
2B. Contributions to Committees (Transfers-Out)	\$	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$		
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 385.00			•
Total Receipts	\$ 5269,15			
Subtotal	\$ 5654.15	· · · ·		
Total Disbursements	\$ 673.15			
CASH BALANCE END OF REPORT	\$ 4,981.00			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$ 534.19			
T. W. A. IVI				

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
Sandra L. Juno	Sander & Jenes	Daytime Phone: 1-10-16

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

RECEIPTS Contributions (Including Loans) From Individuals

Page / of ____

Complete Committee Name Instructions for completing schedules are on the back of each schedule.

Date | Full Name, Mailing Address and Zip Code | Occupation, I Occupation, Name and Address of Principal Place Amount Calendar Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Bernie & Alyce Dohling 1116115 100.00 2470 Good Shiphund in Green Bay WI 54313 100.00 Check if: In-Kind Loan Conduit Occupation, Name and Address of Principal Place Calendar Year-to-Date Total John & Patricia Hickey Of Employment (if year-to-date total exceeds \$100) 11/6/15 100.00 1437 Traeger St. 100.00 Green Bay w 54304 Check if: In-Kind Loan Conduit Conduit Name: Full Name, Mailing Address and Zip Code Date Occupation, Name and Address of Principal Place Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Thomas & Suzan Schober 1116115 100.00 100,00 2657 Nicolet Dr. Gren Bay WI 54311 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1119115 Robert Cowles 25.00 25.00 300 W. ST. Joseph St. Green Bay WI 54301 Check if: In-Kind Loan Conduit Conduit Name: Date Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 11110115 Tome Dawn Olejnictak 100.00 100.00 1543 Fox Ridge Ct. Defere WI 54115 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Philip Hendrickson 11/10/15 500.00 Betired 500.00 2538 Bittersweet Ave. Green Bay W/ 54301 Check if: In-Kind Loan Conduit Occupation, Name and Address of Principal Place Date Amount Calendar Of Employment (if year-to-date total exceeds \$100)
Retired Year-to-Date Total 16: 10: 15 Lay & Nancy Hamann 250.00 250.00 558 Pinehurst Ave. Green Bay W/ 54302 Check if: In-Kind Loan Conduit
Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Date Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Tom & Becky Weber 11/10115 100.00 100.00 2811 Antler Tr. Green Bay W1 54313 Check if: In-Kind Loan Conduit Conduit Name: \$1275.00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE TOTAL ITEMIZED CONTRIBUTIONS

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

Pg. 2 of 12 (1275.00)

Complete Committee Name

RECEIPTS Contributions (Including Loans) From Individuals

Page _____of ____

Instructions for completing schedules are on the back of each schedule.

Date | Full Name, Mailing Address and Zip Code | Occupation, 1 : Occupation, Name and Address of Principal Place Calendar Amount Carl & Mary Elen Kuchne Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 11/10/15 200.00 4479 Heritage Heights Ad. 200.00 Defere W 54115 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Date Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Dennis & Darlene Marcelle 11/12/15 100.00 100,00 1832 Fiesta U. Green Boy W/ 54302 Check if: In-Kind Loan Conduit Conduit Name: Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Calendar Amount Judy + Vern Krawczyk Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 11 112115 100,00 2495 manitowackd. 100.00 Green Bay W 54311 Date Full Name, Mailing Address and Zip Code

11/12/15 Mary & John Dollar Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Green Bey WI 54301 100.00 00 100 . Check it: In-Kind Loan Conduit
Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Date Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 11 112/15 Vi Smithwick 100.00 100.00 3702 S. Clay St. Green Bay w/ 54301 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar 11,1215 Peggy Shurmur Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 100,00 100.00 2687 Longview in. Suamico, W/ 54123 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Pat Schillinger 11/13/15 100.00 100.00 714 Iron Horse Way Green Bay W/ 54311 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Calendar Date Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Paul & Carol Schierl 11/13/15 100.00 100.00 III N. Washington St., Ste 450 Green Bay WI 54301 Check if: In-Kind Loan Conduit Conduit Name: \$ 900.00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE 19.3 of 12 (2175.00) TOTAL ITEMIZED CONTRIBUTIONS TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name Friends of Sandy Juno

	nas of sunay Juno			
	r completing schedules are on the back of ea Full Name, Mailing Address and Zip Code		Ameura)	Colondor
Date	· • • · · ·	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Totai
1 (13)13	Fran Chapman Frigo		100.00	100.00
	1245 Outward AVR. Defere WI 54115		100.	
	,			
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place		Calendar
11 113 115		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
11973	- Carnotto - Jordan	II II	100.00	100.00
	1934 E. Talemark Cir		700.	
	Green Bruy WI 54313			
Date	Check if: C In-Kind C Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:Occupation, Name and Address of Principal Place	Amount	Calendar
		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
. //// 19	Harry Macco 2986 County Rd. PP		100.00	100,00
	2486 County Ra. PF		ŀ	
	Defere W 54115	Constitution of the Consti		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
114/13	Dennis V. Feld		100.00	100.00
	300 N. Madison St.	572 P	,00.	
	Gren Bay WI 54305-			
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:	Amount	Calendar
		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
ì	Robert & Carol Bush		100.00	100,00
	3062 Bay View Dr.			
	Green Bay W 54311			
Date	Check if: 🔲 In-Kind 🖂 Loan 🖯 Conduit Full Name, Mailing Address and Zip Code	Conduit Name:	Amount	Calendar
	Diane + Patrick Ford	Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 114/15			25.00	25.00
	2485 Wildwood Dr.		-	
	Green Bay WI 54362			
Data	Check if: In-Kind Loan Conduit	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Kacl Va A Park	Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
10711	Karl Van Roy 805 Riverview Dr.		50.00	51.00
	Green Bay WI 54303			THE ST.
	•		1.00	
Date	Check if:	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Year-to-Date Total
, , , , -	marilyn Lemorande 300 W. St-Josephst	#12	25.00	25.00
	Green Bay W/ 54361			
	•	Conduit Name:		
	Check if: In-Kind Loan Conduit		1 10 10 10 10	
	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 600.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 600.00

TOTAL ITEMIZED CONTRIBUTIONS

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

s 600.00 Pg. 4 of 12 (2775.00)

RECEIPTS Contributions (Including Loans) From Individuals

Page # of

Complete Committee Name Friands of Sandy Lino Instructions for completing schedules are on the back of each schedule.

Date Full Name, Mailing Address and Zip Code Occupation, I Occupation, Name and Address of Principal Place Amount Calendar Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) 35.00 25.00 1762 Condor Ln. Green Boy W/ 54313 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Calendar Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Joe Van Deurzen 11 127115 25.00 25.00 7/3 Eau Pleine Ct. Defere W 54115 Check if: In-Kind Loan Conduit Occupation, Name and Address of Principal Place Calendar Amount Ellen Wuebler Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 11128115 25.00 620 S. Jackson St. 35.00 Green Bay W/ 5430/ Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar Ken w Lindemann Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1/128115 25.00 1660 HOPFman Rd. Apt. 335 25.00 Green Bay W 54311 Check if: In-Kind Loan Conduit Conduit Name: Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Nancy De Grave 2148 Canyon land Dr. 11/29/15 25.00 Green Bay w/ 524311 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Calendar Amount Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Paul Zeller 3228 Bitters Ct. 11130115 20.00 20.00 Green Boy W 54301 Check if: In-Kind Loan Conduit
Full Name, Mailing Address and Zip Code Conduit Name: Occupation, Name and Address of Principal Place Calendar Date Amount Of Employment (if year-to-date total exceeds \$100) 11,30,15 Jack Seal 2537 Wyndrush Br. 100.00 100.0d Suamico W/ 54173 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Calendar Amount Year-to-Date Total 11.171 1st Doro Ely Wolf OFER A929 S. Telemerk Cir. Of Employment (if year-to-date total exceeds \$100) 100.00 100.00 Gren Bay WI 54313 Check if: In-Kind Loan Conduit Conduit Name: SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE Pg. 5 of 12 TOTAL ITEMIZED CONTRIBUTIONS **TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

RECEIPTS Contributions (Including Loans) From Individuals

Page <u>3</u> of ____

Complete Committee Name Fricads of Sandy Juno
Instructions for completing schedules are on the back of each schedule.

Date Full Name, Mailing Address and Zip Code Occupation, 1

David Naw Of Employme Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Amount Calendar Year-to-Date Total 180.00 2876 River Forest Hills Dr. 100.00 Prelaski WI 54162 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Date Full Name, Mailing Address and Zip Code Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Engrid Mena 11 122115 100.00 180.00 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Full Name, Mailing Address and Zip Code Date Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total David G. Fritsch 11130115 100.00 2380 Prinecrst Ad. 100-Green Bey W/ 54313 Check if: In-Kind Loan Conduit Occupation, Name and Address of Principal Place Date Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Bernice M. Burris 11130115 35.00 1636 Twin Lakes Cin 25.00 Green Bay W 54311 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Date Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 11 130, 15 Catherine P. Laviolette 25.00 337 Ridgeriew Ter. Green Bay W 5430/ Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1211 115 faul D. Koch 100.00 5374 Moonlite Dr. 100. Defere W1 54115 Check if: In-Kind In-Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Date Amount Thomas Van Drasck Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1211 115 2775 Charleston Dr. 40.00 Green Boy WI 5430+ Check if: In-Kind Loan Conduit
Full Name, Mailing Address and Zip Code Conduit Name: Occupation, Name and Address of Principal Place Calendar Date Amount Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Susan Z. Murphy 518 Sunrise Ln. Green Bay W/ 54301 V211 115 25.00 25.00 Check if: In-Kind Loan Conduit Conduit Name: \$515.00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE 575.00 /2124.00) TOTAL ITEMIZED CONTRIBUTIONS TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

RECEIPTS Contributions (Including Loans) From Individuals

Page <u></u> of ____

Complete Committee Name Frichts of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date Full Name, Mailing Address and Zip Code Occupation, I Occupation, Name and Address of Principal Place Amount Calendar Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Frederick Kramberge 12,13 115 50.00 50.00 3196 Harbor Winds Dr Suamico W/ 54173 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Brent Waycker 121715 Title town Browing 127.96 Gren Bay W1 54303 Check if: In-Kind Loan Conduit Conduit Name: Date Occupation, Name and Address of Principal Place Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Deburah J. Van Pay 4224 Finger Rd. 1217 115 100. 100,00 Green Bay WI 54311 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Date Amount Calendar Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Thomas Hinz 12/1/15 00 70. 2819 Nicolet Dr. 70-Green Bay WI 54311 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Date Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1217115 Jeel Ament 100.00 1987 Hawthorne Heights Dr. 100.00 Defere WI 54115 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Calendar Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Barb Hartwig 1217 115 50,00 50.00 2863 Parkwood Dr. Green Boy WX 54313 Check if: In-Kind C Loan Conduit
Full Name, Mailing Address and Zip Code Conduit Name: Occupation, Name and Address of Principal Place Date Amount Calendar Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Mark Lindsay 719 Fredrick Ct. A17115 50.∞ 50.00 Green Bay W 54313 Check if: In-Kind Loan Conduit
Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principal Place Calendar Date Amount Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 12,7,15 Ann Shea 50,00 711 N. Webstr 50.00 Defere W/ 54/15 Check if: In-Kind Loan Conduit Conduit Name: SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

TOTAL ITEMIZED CONTRIBUTIONS

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

30.00 Pg. 7 of 12 577.96 (4212.96)

RECEIPTS Contributions (Including Loans) From Individuals

Page 1 of

Complete Committee Name Friends of Sandy Juno
Instructions for completing schedules are on the back of each schedule
Date Full Name, Mailing Address and Zip Code Cocupation, I Occupation, Name and Address of Principal Place Amount Calendar 12,7,15 Richard DeBroux Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 100.00 100-00 1713 Preble Ave. Gren Bay wor 54302 Check if: In-Kind Loan Conduit Occupation, Name and Address of Principal Place Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 12,5,15 Sheila Nimmer 50,00 50.00 405 St. Johns St. Luxemburg W/ 542/7 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1216115 John VanderLeast 25.00 1422 Beech Tree Or. 25.00 Creen Bay w/ 57/30 4
Check if: In-Kind Loan Conduit C
Full Name, Mailing Address and Zip Code O Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Dustin Krueger Weed St. 12/7/25 SO 00 30.00 Shawano W/ Check if: In-Kind Loan Conduit
Full Name, Mailing Address and Zip Code Conduit Name: Date Occupation, Name and Address of Principal Place Calendar Amount Margaret Aude 2059 winkrenss Ar. Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 121215 25.00 25.00 GREN Bay WI 54313 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Theresa Dude 12/6/15 25.00 25.00 2592 Radinz Rd. Green Bay WI 501311 Check if: In-Kind Loan Conduit Conduit Name: Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1218115 James Ledvinos 2554 Geminika. Gren Bay WI 54311 Check if: ☐ In-Kind ☐ Loan☐ Conduit
Full Name, Mailing Address and Zip Code Date Occupation, Name and Address of Principal Place Amount Calendar Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total Margaret Lusee 1218115 58,00 50.00 1813 N. Swikist Cir Defere W/ 54115 Check if: In-Kind Loan Conduit Conduit Name: \$ 350.00 | 45-129L) SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

TOTAL ITEMIZED CONTRIBUTIONS

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

RECEIPTS Contributions (Including Loans) From Individuals

Page <u>8</u> of ____

Complete Comr		and the same of th		
-78 sep				
Date	r completing schedules are on the back of ea Full Name, Mailing Address and Zip Code	CONSCIENT STATE OF THE CONTROL OF TH	Amount	Calendar Year-to-Date Total
12, 10, 15	Diane Conway		00	100.00
	2481 Losy Dauphin	ra.	100.	700.
	Delere WI 54115	On the Name of the Control of the Co		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		Calendar
1217 115	John Heide	Of Employment (if year-to-date total exceeds \$100)	_	Year-to-Date Total
	2152 Ridge Crest 7	r.	25.00	25.00
	Green Bay W1 54	BB		
	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
Date		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/6/13	Dorothy Josephs 4950 Michelle Dr.		. 00	10.00
	Suamico W/ 5417	7 7	10.00	
		Conduit Name:		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/7/15	Sandra Withbook			25.00
	1591 Jay Ln. Green Bay W/ 5430		25.00	8.0
	Green Bay w/ 5430	4		
Date	Check if: ☐ In-Kind ☐ Loan☐ Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
	Sandra Juno	Of Employment (if year-to-date total exceeds \$100)	594.19	Year-to-Date Total
	616 Dauphin St.	Brown County Clerk	-	520!1
	Green Bay WI 543	NOWN COUNTY CHER	C. Calle State	
_	Check if: Clarkind Classifi Conduit	Conduit Name:		·····
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
' '				
				. Mairre wee
	Check if: CIn-Kind CLoan Conduit	Conduit Name:	***************************************	
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
			-	
Date	Check if: C In-Kind C Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:	Amount	Calendar
Date / /	Full Name, Mailing Address and Zip Code	Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
, ,			in a division of the second of	
			Ī	
	Check if: [] In-Kind [] Loan[] Conduit	Conduit Name:		
		OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 686.19	Pa 90f 12
		TOTAL ITEMIZED CONTRIBUTIONS	\$, 4.
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 20.00	, <u>-</u>
	TOTAL COL	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$706.19	Pg. 9 of 12 (5269.15)

DISBURSEMENTS Gross Expenditures

Page 9 of ___

Complete Committee Name of. Sand uno Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Specific Purpose of Expenditure Amount 11/18/15 Paper Direct
1025 E W66dmen RU.
Colora do Springs CO 80920
Check if: I In-Kind Offset
Full Name, Mailing Address and Zip Code
Of Person or Business to Wnom Payment is Made Invitations 1 124,98 Cards Date Specific Purpose of Expenditure Amount 11/2/15 Office max Check if: In-Kind Offset 54303
Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made Envilopes 40.93 Date Specific Purpose of Expenditure Amount 11,2,15 USPS Creen Bay (L) 5430/ Check if: In-kind Offset

Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made
US PS Stamps 49.00 Date Specific Purpose of Expenditure Amount 11/19/15 118 N. Monroe Ave.

Creen Bay W. 54301

Check if: In-Kind Offset

Full Name, Mailing Address and Zip Code
Of Person or Business to Wand Zip Code 196.00 Stamps Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made
UPS Store
2221 S. Webster Ave.
Green Sow W 50301
Check if: In-Kind Offset Specific Purpose of Expenditure Amount 11/19/15 Printing 22.76 Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made Date Specific Purpose of Expenditure Amount 11/30/15 Office Max 45.74 1535 w. Mason St. Misc. Green Bay W/ 54303 Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Specific Purpose of Expenditure Amount 12/11/15 USPS 118 N. Monroe Auc. Check if In-Kind Offset 54301

Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made
Office Max
1535 W. Mason St.
Green Bay W | 5430
Check if: In-Kind Offset 49.00 Stamps Specific Purpose of Expenditure Amount 1211215 16.78 Envelopes 54303 Check if: In-Kind Offset Full Name, Mailing Address and Zip Code Date Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made Amount 121715 Titletown Brewing Frent Check if: In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE 673.15 TOTAL ITEMIZED EXPENDITURES **TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS** TOTAL EXPENDITURES

Pg. 16 of 12

ADDITIONAL DISCLOSURE In-Kind Estimates

Page	 of	

Complete Committee Name	maura arrana		
7	. 1	C = I	(, , , ,)
Friends	04	Janau	Jano
			•

SCHEDULE 3-C

Estimated Value of In-Kind Contributions Received From Individuals and Committees

Instructions for completing schedules are on the back of each schedule.

				Column A	Column B	
Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Estimated Amount	Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only
12-7-15	Brent Wycker	I	Food for Event	127,96	127.96	
	,		Event	1211		

WWW.						
Y44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						

SCHEDULE 3-D

Estimated Value of In-Kind Contributions Given To Candidates or Committees

Instructions for completing schedules are on the back of each schedule.

			Column A	Column B	
Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Estimated Amount	Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only
		·	Burnar Andrews	Pa	11 of 1-

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page	of	

Complete Committee Name Friends of Sandy Sur.	10				
Full Name, Mailing Address and Zip Code of Loan Sou Sandy JUNO Date List All Endorsers or Guarantors (if any) Code of Loan Sou Sandy JUNO Code of Lo	chedule.	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)			<u> </u>	.12000	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation		100000000000000000000000000000000000000		
	Amount Guarantee	ed Outstanding		inch en	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Loan Sou	rice	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1 1					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Loan So	urce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
I I					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarante	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarante	ed Outstanding			
		SUBTOTAL (OUTSTANDING LOA	NS THIS PAGE	\$

End of Report

TOTAL OUTSTANDING LOANS 8

Pg. 12-0 f 12

Campaign Finance Report Short Form EB-2a State Elections Board					
Spring 🗖 Fall 🗖 Special Pre-Primary 💆 Continuing Report due Jan. 31, 🕭 🗷					
Spring Fall Special Pre-Election		Report due July 20,			
Name of Candidate or Committee (in full) Address (number and street) 11320 N. Cresture Dr. City, State, Zip Farenhain H:115, A2 85268					
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.					
Signature of Committee Treasurer or Candidate Date Daytime Phone					
Torol Kelso 1/10/16 480 584 3678					

SHORT FORM – Use For "No Activity" Reporting Period

End of Report



	Campaign Finance Report Short Form EB-2a State Elections Board	
	Spring Fall Special Pre-Primary Continuing Report due Jan. 31, 2016 Spring Fall Special Pre-Election Continuing Report due July 20,	1920272
-	Name of Candidate or Committee (in full) Thomas Lund	2324.25
	Address (number and street) 2091 Magy Land	262728
¥	City, State, Zip I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.	-160660
1	Signature of Committee Treasurer or Candidate Date Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Phone Daytime Ph	

SHORT FORM – Use For "No Activity" Reporting Period

End of Report

	ON FINANCE REPO MITTEES OF WISC		1213141570
Is This Report an Amendment:	No	(*	01112
Instructions for completing schedules are on the ba	ack of each schedule.	8	A THEO ON
COMMITTEE IDENTIFICATION		456	2016 N
Name of Committee MOYNIHAN COMMITTEE FOR Street Address	2 RESPONSIBLE	E GOVERNME	Condral Junio
2444 BABCUCK KOAD		QI	FICE USE ONLY
City, Sparte and Zip Code ASHWAUBERON, W/ 50	4313		6058670
Please check if address is different than previously reported, a	and complete the Campaign l	Registration Statement in t	he back of this form.
NAME OF REPORT			
January Continuing 2016 Pre-Primary	Spring Fall	Special	
July Continuing Pre-Election	Spring Fal	l Special	Termination Report also complete Schedule 4
CHAMADY OF RECEIPER AND			
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar	
1. RECEIPTS	This Teriod	Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$ 200.00	\$ 200.00	
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —	
1C. Other Income and Commercial Loans	s —	\$ -	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 200.00	\$200.00	
2. DISBURSEMENTS		/	
2A. Gross Expenditures	\$ -	\$ -	
2B. Contributions to Committees (Transfers-Out)	\$ _	\$ <u> </u>	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -	\$	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ —		
Total Receipts	\$ 200. ou		
Subtotal	\$ 200. au		
Total Disbursements	\$		
CASH BALANCE END OF REPORT	\$200.°		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s —		
LOANS (Balance at the Close of This Period-3B)	\$ —		

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date 2016
PATRICK W. MOYNIHAH, IR	Taticke Moe &	Daytime Phone: 920. 492.2302lu

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

RECEIPTS Contributions (Including Loans) From Individuals

Page 1 of 1

Complete Com				
MOYNI	HAN COMMITTEE FOR RE	SPONSIBLE LOVERNMOTT		
Instructions fo	or completing schedules are on the back of e Full Name, Mailing Address and Zip Code	ach schedule.	A	Colordo
		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
0 122/15	RONALD ANTONNEAU		\$20.00.	# 30 au
	3589 NICOLUT DR.	1		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	GREEN BAY, WI 54311			
	Check if: [] In-Kind [] Loan Conduit	Conduit Name:		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Calendar
0 122/15	PATRICK SCHILLINGERL	Of Employment (if year-to-date total exceeds \$100)	14	Year-to-Date Total
	1 1 1 1 1 1	,	\$50.°	\$50.00
	714 IRON HORSE WAY) 	***	
	GREEN BAY, WI SY311	1 1		
	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
0 12/15	LARRY WEYERS	i Circlipioyment (ii year-to-cate total exceeds \$100)	\$80.00	
_	920 100110		15 CC.	#80.00
	939 URBANDALE AVE.			
	DEPERE, WI 54115			
	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
Date		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
0 128115	BRUCE WOLF	, , , , , , , , , , , , , , , , , , , ,	\$50,00	\$ 50.00
	2929 S. TELEMARK CIR.		<i>D</i> 0 - 1	
	GREEN BAYINI 54313	1 · · · · · · · · · · · · · · · · · · ·		,
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	Check if: In-Kind I Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1		Control of the state of the sta		1541-15-5415 15161
		t 1 1		
		, ; t		
Data	Check if: CIn-Kind CLoan Conduit	Conduit Name:	A	Calandas
Date	Full Name, Mailing Address and Zip Code	Cocupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1				
		, , !		
	Observing Figure 20 1 19	Conduit Name:		-
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1 1	and of the control of			-
		1		
	Check if: Cln-Kind Cloan Conduit	Conduit Name:	***	
		TOTAL PROMITED CONTENTIONS TIME TO	\$200 W	1
	SUBI	TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	• ,	-
		TOTAL ITEMIZED CONTRIBUTIONS	\$200,00	
End o	of Report*** TOTA	L UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	pg. 2 of 2
	<u> </u>		\$ 200.00	1 .
	FOTAL CO	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	3 x 00.]

Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary Spring Fall Special Pre-Election	Continuing Report due Jan. 31, <u>201</u> 6 Continuing Report due July 20,
Name of Candidate or Committee (in full) 80 Address (number and street) City, State, Zip	ly Nicholson to Venus Dr. reen Bay wi 5431/
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The same as previously reported.	eriod covered by this report and that the cash
Signature of Committee Treasurer or Candidate	Date Daytime Phone 465 3564
EB-2a (Rev. 9/95) (Reformathed 3/98) (Y2K 9/99)	



SHORT FORM – Use For "No Activity" Reporting Period

End of Report

Campaign Finance Report Short Form EB-2a State Elections Board		
Spring Fall Special Pre-Primary		Report due Jan. 31, 2016
Name of Candidate or Committee (in full) C.F.; Address (number and street) 273 N. Ashlo City, State, Zip Green Bay, WY	iens for and Ave.	William Peters
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. Th 11.06(9), Stats.	eriod covered by t	his report and that the cash
Signature of Committee Treasurer or Candidate	Date	Daytime Phone
2	01/25/16	920883-030
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)		6 8

End of Report



SHORT FORM – Use For "No Activity" Reporting Period

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN GAB-2

COMMITTEE IDENTIFICATION

Filing Period Name:	January Continuing 2016	OFFICE USE ONLY
	Covers all activity from 07/01/2015 through 12/31/2015	
Name of Committee/Corporation:	Friends of Dan Robinson	44
Street Address:	446 Cook Street	GAB ID: 0105501
City, State and Zip:	De Pere, WI 54115	

		Married Comments
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$0.00	\$0.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.28	\$0.52
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$0.28	\$0.52
2. DISBURSEMENTS		
2A. Gross Expenditures	\$0.00	\$20.20
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$0.00	\$20.20

CASH SUMMARY

Cash Balance Beginning of Report*	\$1,085.35	
Total Receipts	\$0.28	
Subtotal	\$1,085.63	
Total Disbursements	\$0.00	
CASH BALANCE END OF REPORT*	\$1,085.63	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$0.00	
LOANS (Balance at the Close of This Period-3B)	\$5,000.00	

^{*}Cash Balance as reported by committee

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate or Treasurer	Date:	Daytime Phone:
Dan Robinson\rwb	Email:	robinsonforassembly@gmail.com
		Signature of Candidate or Treasurer Date: Dan Robinson\rwb Email:

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the 6种语程代表的32/050, 11.61, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

RECEIPTS Contributions From Individuals

Complete Committee Name: Friends of Dan Robinson

YTD	Amount	Employer Address	Employer Name	Occupation	Address	Full Name	Date
	\$0.00	d Contributions	Total Unitemize				
	\$0.00	s Contributions	otal Anonymou	1			
	\$0.00	Grand Total					100 70 70 70 70 70 70 70 70 70 70 70 70 7
	\$0.00	on-Monetary (-):	N				
	\$0.00	oan Forgiven (-):	Lo				5,03,2,09,50
	\$0.00	Total					

RECEIPTS Contributions from Committees (Transfers-In)

Complete Committee Name: Friends of Dan Robinson

Date Full Name Address	Amount	YTD
Grand Total	\$0.00	
Non-Monetary (-):	\$0.00	
Total	\$0.00	

RECEIPTS Other Income and Commercial Loans

Complete Committee Name:

Friends of Dan Robinson

Other Income				
12/31/2015 Unit	emized	WI	. \$0.28	\$0.28
Con	nment(s); bank inte	rest 7/1 -12/31/15		

DISBURSEMENTS Gross Expenditures

Complete Committee Name: Friends of Dan Robinson

Amount	Expense Purpose	Vendor Address	Vendor Name	Address	Full Name	Date
\$0.00	Grand Total					
\$0.00	n-Monetary (-):	Noi				
\$0.00	Total					

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Committee Name:

Friends of Dan Robinson

Amount	Vendor Address	Vendor Name	Address	Full Name	Date
\$0.00	Grand Total				
\$0.00	Non-Monetary (-):	e Gundra Straważ (1974) dle Dieza postania dlego			
\$0.00	(ind Sub Total (-):	Registrant In-l			
\$0.00	Total				

ADDITIONAL DISCLOSURE

Incurred Obligations Excluding Loans

Complete Committee Name: Friends of Dan Robinson

Beginning Incurred Obligation Amount: \$0.00

Amount	Date Full Name Address	
\$0.00	Grand Total	

Amount Paid	Date Full Name
\$0.00	Grand Total
\$0.00	Outstanding Incurred Obligations End of Report

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans

Individual, Committee or Commercial

Complete Committee Name:

Friends of Dan Robinson

Beginning Loan Balance:

\$5,000.00

Amount	Full Name Address
\$0.00	Grand Total

Date Full Name Ar	mount Paid
Grand Total	\$0.00
Outstanding Loans End of Report	\$5,000.00

End of Report

	W. W. C.		1994
	GN FINANCE REPO IMITTEES OF WISC		33031-1204367
Is This Report an Amendment: Yes	□ No		JAN 2016 JAN 2016
Instructions for completing schedules are on the b	ack of each schedule.		2016 2016
COMMITTEE IDENTIFICATION			722
Name of Committee Citizens for Sither			Secretaria de la companya del companya de la companya de la companya del companya de la companya
Street Address 450 MUSKS Land			OFFICE USE ONLY
City, State and Zip Code (Frem Bay, W& 54311	£.		
Please check if address is different than previously reported,	and complete the Campaign	Registration State	ment in the back of this form.
NAME OF REPORT			
January Continuing Pre-Primary	Spring Fal	I Specia	Termination Report
☐ July Continuing ☐ Pre-Election	Spring Fal	l Special	· · · · · · · · · · · · · · · · · · ·
SUMMARY OF RECEIPTS AND			
DISBURSEMENTS	Column A This Period	Column I Calenda	
1. RECEIPTS	This Period	Year-To-D	
1A. Contributions (Including Leans) from Individuals	\$ \$15.00	\$	
1B. Contributions from Committees (Transfers-In)	\$	\$	
1C. Other Income and Commercial Loans	\$	\$	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	
2. DISBURSEMENTS			
04 G P 15	\$ 148.57	\$	
2A. Gross Expenditures			
2B. Contributions to Committees (Transfers-Out)	\$	\$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 56.69		
Total Receipts	\$ 815.00		· · · · · · · · · · · · · · · · · · ·
Subtotal	\$ 903.69		
Total Disbursements	\$ 148,57		ac e f
CASH BALANCE END OF REPORT	\$ 755,12		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$		
LOANS (Balance at the Close of This Period-3B)	\$	22	
I certify that I have examined this report and to the best o	f my knowledge and belief	it is true, correc	t and complete.
Type or Print Name of Candidate or Treasurer Sign	ature of Candidate or Treasurer		Date:
Thomas J Sieber	Thomas lel	,	Daytime Phone: 920.680.6366
NOTE: The information on this form is required by se 11 06 11	20 Wie State Failure to may	ride the information	n may subject you to the penalties of

NOTE: The information on this form is required by ss.11.60, 11.61, Wis. Stats. This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

GAB-2L (Rev. 12/09)

RECEIPTS Contributions (Including Loans) From Individuals

Complete Com			262728	101112 2016
Instructions fo	Full Name, Mailing Address and Zip Code Tom Sicher T	ach schedule. Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	50.000 12	Calendar Year-to-Date Total
Date	Check if: [In-Kind [Loan] Conduit Full Name, Mailing Address and Zip Code Becky has myster 2924 St. Inlumy Gren by het 54311	Conduit Name: Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	25,00	Calendar Year-to-Date Total
Date / /	Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code Check if: In-Kind I Loan Conduit Check if I Loan Conduit Check	Conduit Name: Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount 15.03	Calendar Year-to-Date Total
Date / / 12 30 15	Check if: In-Kind I Loan Conduit Full Name, Malling Address and Zip Code Jame Wall 1241 Law 54 Grun Bay, WE 54361	Conduit Name: Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name:	25, 00	Calendar Year-to-Date Total
Date / / 12 301 5	Check if: An-Kind Conf Conduit Full Name, Mailing Address and Zip Code Lynde Vilein 1122 N Aslar SE Minadle, WE 53202	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Thurstor Sell - Employed Conduit Name: 4/3 Procress	2 SU 00	Calendar Year-to-Date Total
Date / /	Check if: In-Kind In-Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
Date / /	Check if:	Conduit Name: Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	TOTAL	Conduit Name: OTAL ITEMIZED CONTRIBUTIONS THIS PAGE TOTAL ITEMIZED CONTRIBUTIONS UNITEMIZED CONTRIBUTIONS \$20 OR LESS NTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 615,00 \$ 615,00 \$ \$	£3

DISBURSEMENTS Gross Expenditures

	00
Page _	of

Complete Committee Name

				12 3016
	completing schedules are on the back of e	each schedule.		25
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is N	lade	Specific Purpose of Expenditure	Amount
1/15	100 Just Activity St		Objer Lie	140 80 000 119
127 13	M last we		00/1)	1000001811
1-	your void			
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code		Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is N	lade		
1 1	×		a ·	
			*	
	Check if: In-Kind Offset			¥ .
Date	Full Name, Mailing Address and Zip Code		Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is N	nade	8	
20	of		2	
8				
Data	Check if: In-Kind Offset		Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is N	Made	Specific Purpose of Experiatione	Amount
1 1				
		990	•	
	Check if: In-Kind Offset		'	
Date	Full Name, Mailing Address and Zip Code	5	Specific Purpose of Expenditure	Amount
1 i	Of Person or Business to Whom Payment is N	Made		
, ,	W Res			
	Check if: In-Kind Offset		¥	
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is N	Made	Specific Purpose of Expenditure	Amount
1 1	Of Foreign of Educations to Vition 1 ayrichtes in			
	,		20 E	
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code		Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is N	Made		The state of the s
, ,				
	9 9		9	74
	Check if: In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is N	Ande	Specific Purpose of Expenditure	Amount
1 1	Of Person of Business to Whom Payment is in	wade	444	
				(*)
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code		Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is	Made		
' '	*			
	Check if: In-Kind Offset	#1 t)		
	the state of the s		,	11111 57
*		SUBTOTAL IT	EMIZED EXPENDITURES THIS PAGE	s 148, 57
		CODIOIALII		
444F.	d of Donort**		TOTAL ITEMIZED EVDENDITUDES	s 148.57
^^^E	nd of Report***		TOTAL ITEMIZED EXPENDITURES	4
	-			
		TOTAL UNITE	MIZED EXPENDITURES \$20 OR LESS	\$
				*
		5	TOTAL EXPENDITURES	\$

Pg. 3 of 3

							1314157	672				
	89707	12.	1070 T.									
Is this report an Amendment?	34.567	JAN 20	16									
COMMITTEE IDENTIF	FICATION					1/cs	\.	1000				
Name of Committee		7808628	210									
Address	PO Box 22283					OFFIC	OFFICE USE ONLY					
City, State, ZIP	Green Bay, WI 54305					GAB #	# ID					
NAME OF REPORT	Jan 2016 Continuing	Pre-Primary 20_	_		Spri	ng	Fall	Special				
	July 20 Continuing	Pre-election 20			Spri	ng	Fall	Special				
SUMMARY OF RECE	IPTS AND DISBURSEM	IENTS	Co	olumn A	Column B	Audite	ed Totals					
1. RECEIPTS			Thi	s Period	YTD	Office						
A. Contributions include	ding Loans from Individuals		\$	-								
	Committees (Transfers-In)		\$	-								
C. Other Income and	Commercial Loans		\$	-								
TOTAL RECEIPTS (A	odd totals from 1A, 1B, ar	nd 1C)	\$	-	\$ -							
1. DISBURSEMENTS												
A. Gross Expenditures	S		\$	805.00								
B. Contributions to Co	mmittees (Transfers-Out)		\$	_								
TOTAL DISBURSEM	ENTS (Add totals from 2)	A and 2B)	\$	805.00	\$ -							
CASH SUMMARY							A Vanconia syllayang					
Cash Balance at Begin	nning of Report		\$	34,984.21								
Total Receipts			\$	_								
Subtotal		With the Control of t	\$	34,984.21								
Total Disbursements			\$	805.00								
CASH BALANCE AT	END OF REPORT		\$	34,179.21			Mark Control					
INCURRED OBLIGAT	TIONS (at close of period	1)	\$									
LOANS (at close of pe	eriod)		\$	5,427.82	2							
I certify that I have exami	ned this report and to the best	of my knowledge a	Market and the second					414-11-				
Type or Print Name of Candidat	te or Treasurer		Signature	of Candidate or Tr	reasurer		Date	1/15/16				
Troy Streckenbach			Email		SXX	Day	time Phone 920)-288-2231				

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.61, Wisconsin Stats.

GAB-2S (03/14) Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | web: https://cfis.wi.gov | email: GABCFIS@wi.gov

IND. EXP/RECOUNT																													
COMMENTS																													
AMOUNT	805.00																												
	MEDN																												
ZIE	54305																												
ıs	W																												
CITY	Green Bay																												
ADDRESS	PO Box 1325																												
GABID																													
EIRSIN																									-				
LAST NAME/BUSINESS NAME	The Business News																												
DATE	07/20/15																												
PERSO NAL LOAN PYMT																													
K IR																													
	PERSO NAL NAL NAME LOAN NAME NAME NAME NAME REST NAME GAB ID ADDRESS CITY SI ZIP CODE AMOUNT COMMENTS	PERSO LAST LAST EXPENSE EXPENSE EXPENSE EXPENSE PURPOSE PURPOSE AMOUNT COMMENTS LOAN DATE NAME FIRST NAME GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS PVMI The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00	PERSON LAST EXPENSE EXPENSE EXPENSE EXPENSE PURPOSE PURPOSE AMOUNT COMMENTS PVML DATE NAME FIRST NAME GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS PVMI The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00	PERSON LAST EXPENSE EXPENSE EXPENSE EXPENSE PURPOSE PURPOSE AMOUNT COMMENTS PVMI DATE NAME FIRST NAME GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS PVMI The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00	PERSON LAST EXPENSE EXPENSE EXPENSE EXPENSE PURPOSE AMOUNT COMMENTS PVMI DATE NAME/BUSINESS FIRST NAME GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS PVMI The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00	PERSON LAST EXPENSE EXPENSE EXPENSE EXPENSE PURPOSE AMOUNT COMMENTS PVML DATE NAME/BUSINESS EIRST NAME GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS PVML 07/20/15 The Business News PO Box 1325 Green Bay WI 54305 MEDIN 805.00	PERSON LAST EXPENSE EXPENSE EXPENSE EXPENSE EXPENSE PURPOSE AMOUNT COMMENTS PVML DATE NAME FIRST NAME GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS PVML 07/20/15 The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00 REST NAME REST NAME	PERSON LAST LAST ANAL EXPENSE EXPENSE EXPENSE PURPOSE AMOUNT COMMENTS PVMI DATE NAME/BUSINESS News FIRST NAME GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS PVMI DATE NAME/BUSINESS News PO Box 1325 Green Bay WI 54305 MEDN 805.00 REST NAME REST NAME	PERSON LAST EXPENSE EXPENSE EXPENSE CITY SI ZIP PURPOSE AMOUNT COMMENTS POMMENTS PO Box 1325 Green Bay WI 54305 MEDN 805.00	PERSON NAL LAST LAST NAME/BUSINESS GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS PO MAL 07/20/16 The Business News FIRST NAME GAB ID PO Box 1325 Green Bay WI 54305 MEDN 805.00 NAME/BUSINESS News NAME/BUSINESS NEWS	PERSO LAST AMMEBISINESS EIRST NAME GAB ID ADDRESS CITY SI ZIP CODE AMOUNT COMMENTS 1.OAN 07/20/15 The Business News FIRST NAME GAB ID ADDRESS Green Bay WI 54305 MEDN 805.00 1.OAN 1.OAN	DAL I.DAN I.DAN I.DAN I.DAN I.DAN I.DATE LAST NAME/ILSINESS. IABBUSINESS News GAB ID I.DAN I.DAN I.DAN I.DATE ADDRESS INFOS CITY I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.DAN I.	PERSO LAST NAME/BLISINESS. GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS LOAN DATE NAME/BLISINESS FIRST NAME GAB ID ADDRESS CITY ST ZIP CODE AMOUNT COMMENTS 07/20/15 The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00 1 AMOUNT CODE AMOUNT COMMENTS 1 AMOUNT CODE AMOUNT CODE AMOUNT 1 AMOUNT CADE AMOUNT CODE AMOUNT 1 AMOUNT CADE AMOUNT CODE AMOUNT 1 AMOUNT CADE AMOUNT CADE AMOUNT 1 AMOUNT CADE	PERSO LAST NAME/EUSINESS CABID ADDRESS CITY SI ZIP CODE AMOUNI COMMENTS 1.OAN DATE NAME/EUSINESS ERST NAME GAB ID ADDRESS CITY SI ZIP CODE AMOUNI COMMENTS 0.7/20/15 The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00 1 ADDRESS News BOS 1325 Green Bay WI 54305 MEDN 805.00	PERSO LAST LAST LAST NAME/BUSINESS CLIT LOAN LAME PURPOSE CODE COMMENTS CODE COMMENTS COMMENTS COMMENTS 1.0AN LOAN LAME PURPOSE BANGINI COMMENTS CODE COMMENTS CODE COMMENTS COMMENTS 0.7/20/15 The Business News PO Box 1325 Green Bay WI 64305 MEDN 805.00 1.0AN LOAN LOAN LOAN LOAN LOAN LOAN LOAN LO	PERSO LAST LAST LAST LAST LAST LAST LAST LAST	FERSO NAME TO 2017 LAST I AMALE NAME GABID ADDRESS ADDRESS CITY ST EXPENSE PURPOSE COPE AMOUNT COMMENTS 07/20/15 The Business News FIRST NAME GABID PO Box 1325 Green Bay WI 54305 MEDN 805.00 1 CONTRACTOR IN THE BUSINESS NEWS CONTRACTOR IN THE BUSINESS NEWS <td< td=""><td>PERSO LAST. NAME SABLID ADDRESS CITY SI PURPOSE AMOUNT COMMENTS PYOR 12016 The Business News ERST NAME GAB.ID ADDRESS CITY SI ZIP CODE AMOUNT COMMENTS PYOR 12016 The Business News PYOR 1325 Green Bay WI 54305 MEDN 805.00 PYOR 12016 THE PROPERTY OF THE PURPOSE PYOR 1325 Green Bay WI 54305 MEDN 805.00</td><td>PERSON LAST LAST PERENSE EXPENSE; COMMENTS POYZOLI S The Business News FIRST NAME GABIO ADDRESS GITY ST ZIP PURPOSE CODB AMOUNT COMMENTS 07/ZOLI S The Business News PO Box 1325 Green Bay WI 64305 MEDN 805.00 COMMENTS 1 PO Box 1325 Green Bay WI 64305 MEDN 805.00 COMMENTS 2 PO Box 1325 Green Bay WI 64305 MEDN 805.00 COMMENTS</td><td>PERSO LAST NAME ELISINESS ERST NAME GABID ADDRESS CITY ST ZODE AMOUNT COMMENTS. 0.7720/16 The Business News PO Box 1325 GIFF ST ST CODE AMOUNT COMMENTS. 0.7720/16 The Business News PO Box 1325 GIFF ST ST CODE AMOUNT COMMENTS. 0.7720/16 The Business News PO Box 1325 GIFF ST NI 54305 MEDN 805.00 0.7720/16 The Business News PO Box 1325 GIFF ST NI 54305 MEDN 805.00</td><td>FERSO LAST. NAME BLISINESS LAST. BURCOSE CITY ST ZIP EXPENSE CODMENTS 07/20/15 The Business News FIRST NAME GABID ADDRESS CITY ST ZIP CODE AMOUNT CODMENTS 07/20/15 The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00 0 ADDRESS CITY ST ZIP CODE AMOUNT CODMENTS 0 CITY ST CITY ST CODE AMOUNT COMMENTS</td><td> LAST LAST </td><td> PURSON LAST LAST</td><td> PERSO LAST LAST</td><td> PURE DIA</td><td> LOAN DANIE LAST LAST </td><td> LACH LACT LACT </td><td> AMAMERISINESS LAST LOAN LOAN</td><td>NAME</td></td<>	PERSO LAST. NAME SABLID ADDRESS CITY SI PURPOSE AMOUNT COMMENTS PYOR 12016 The Business News ERST NAME GAB.ID ADDRESS CITY SI ZIP CODE AMOUNT COMMENTS PYOR 12016 The Business News PYOR 1325 Green Bay WI 54305 MEDN 805.00 PYOR 12016 THE PROPERTY OF THE PURPOSE PYOR 1325 Green Bay WI 54305 MEDN 805.00	PERSON LAST LAST PERENSE EXPENSE; COMMENTS POYZOLI S The Business News FIRST NAME GABIO ADDRESS GITY ST ZIP PURPOSE CODB AMOUNT COMMENTS 07/ZOLI S The Business News PO Box 1325 Green Bay WI 64305 MEDN 805.00 COMMENTS 1 PO Box 1325 Green Bay WI 64305 MEDN 805.00 COMMENTS 2 PO Box 1325 Green Bay WI 64305 MEDN 805.00 COMMENTS	PERSO LAST NAME ELISINESS ERST NAME GABID ADDRESS CITY ST ZODE AMOUNT COMMENTS. 0.7720/16 The Business News PO Box 1325 GIFF ST ST CODE AMOUNT COMMENTS. 0.7720/16 The Business News PO Box 1325 GIFF ST ST CODE AMOUNT COMMENTS. 0.7720/16 The Business News PO Box 1325 GIFF ST NI 54305 MEDN 805.00 0.7720/16 The Business News PO Box 1325 GIFF ST NI 54305 MEDN 805.00	FERSO LAST. NAME BLISINESS LAST. BURCOSE CITY ST ZIP EXPENSE CODMENTS 07/20/15 The Business News FIRST NAME GABID ADDRESS CITY ST ZIP CODE AMOUNT CODMENTS 07/20/15 The Business News PO Box 1325 Green Bay WI 54305 MEDN 805.00 0 ADDRESS CITY ST ZIP CODE AMOUNT CODMENTS 0 CITY ST CITY ST CODE AMOUNT COMMENTS	LAST LAST	PURSON LAST LAST	PERSO LAST LAST	PURE DIA	LOAN DANIE LAST LAST	LACH LACT LACT	AMAMERISINESS LAST LOAN LOAN	NAME

Streckenbach for Brown County Executive

End of Report

Pg. 2 of 2

Campaign Finance Report Short Form GAB-2a Government Accountability Board	GAB ID Number
D Spring D Fall D Special Pre-Primary	$ ho$ Continuing Report due Jan. 31, $20 lap{R}$
O Spring $ ho$ Fall $ ho$ Special Pre-Election	O Continuing Report due July 20,
TTIENDS OF VANDER LOOS Name of Candidates Committee (in full) HAA DELCH TOE DRIVE	7595 W.
Filler BAY, WE SY 304, City, State, Zip	304

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec.

/Signature of Committee Treasurer or Candidate Date Daytime Phone

GAB-2a (Rev. 11/03) (Reformatted 11/03) (Y2K 9/99)

End of Report



Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31, 201
Spring Fall Special Pre-Election	Continuing Report due July 20,
Name of Candidate or Committee (in full) 766 Address (number and street) 3228 B. City, State, Zip GREEN BAY, U.	ITTERS COURT
I certify that the above named committee or candidate make disbursements, or incur obligations during the palance remains the same as previously reported. The 11.06(9), Stats.	period covered by this report and that the cash
Signature of Committee Treasurer or Candidate Ouvel & Sliles	Date Daytime Phone (920)
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)	

End of Report

SHORT FORM – Use For "No Activity" Reporting Period